

COUNTY OF ORANGE CERTIFIED UNIFIED PROGRAM AGENCY - CUPA HEALTH CARE AGENCY / ENVIRONMENTAL HEALTH 2009 E. EDINGER AVENUE SANTA ANA, CA 92705-4720

Telephone: (714) 667-3600 / FAX: (714) 568-5116

Please read the instructions prior to completing this Business Emergency Plan. Print legibly in black ink or type the information. Make a copy for your records. Return the completed original forms, with UPCF Owner/Operator and Hazardous Materials reporting forms to:

Owner/Operator and Hazardous Materials r	eporting forms	to:		
	County of Orar 2009 E. Edin Santa Ana, C	ger Ave.		
Mark one box only: ☐ New Business Emergency Plan (BEP) ☐ Updated BEP: Required review & update of ☐ Updated BEP: Changes in business operation			nformation.	
Business Name				
Address				
I certify under penalty of law that I have personally examined and am familiar with the information submitted; and that the Business Plan submitted meets the requirements of Chapter 6.95 Heath & Safety Code & Title 19, §2729 et seq.				
Owner/Operator Name (Print)	Signature		Date	
BEP Prepared By (Print)	Signature		Date	
INCIDENT vs. RESPONSE If you have a release or a threatened release of hazardous materials and require emergency response, call 911. If you have a release or threatened release that is not an emergency as described here, then 911 can be omitted; go to the Notification requirement below. Person responsible for calling 911:				
A hazardous materials Incident is a spill or release; and can be controlled by the employees exposure or health & safety hazards. A hazardous material Response requires a respo	in the immediate	work area or by maintenance perso	onnel without	
other designated responders (e.g. fire dept), to ar of a hazardous substance.				
	NOTIFICA	ATION		
Both Incidents and Responses are considered re an immediate, verbal report of any release or thre State OES as soon as: 1) a person has knowledg without impeding immediate control of the relea	eatened release of the release of	of a hazardous material to the Admir or threatened release; and 2) notific	nistering Agency and	
State Office of Emergency Se	rvices (OES):	(800) 852-7550 or (916) 845-8	911	
Orange County CUPA		(714) 667-3600		
Person responsible for calling CUPA and	d OES:			

WHEN COMPLETING SECTIONS BELOW USE ADDITIONAL PAGES OR ATTACHEMENTS AS NEEDED

1. Identify the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous materials: Hospital/Clinic Phone Number Address City Zip Code) 2. Does your business have an on-site emergency response team? \square Yes \square No List Names & Titles of each person on response team. 3. Describe your business's procedures in the event of a release or threatened release of hazardous materials. Include all activities for the mitigation, prevention, or abatement of hazards to persons, property, or the environment such as: a) Actions taken to prevent a release from occurring. b) Actions or equipment to prevent a release from spreading. c) Actions for stopping a release. d) Methods for clean up and disposal of released materials. Include attachments as necessary

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used?	How do these operate during a power failure? Specify emergency exits and employee staging areas.
5) Idi	lentify all areas of the facility and mechanical or other systems that require immediate inspection or olation because of their vulnerability to earthquake related ground motion.

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	PLOYEE TRAINING PROGRAM – The training program shall, at a minimum, include:
a) b)	Methods for safe handling of hazardous materials; Procedures for coordination with local emergency response organizations;
c)	Use of emergency response equipment and supplies under the control of the handler, and
d)	Implementation of the Business Emergency Plan and notification requirements.

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